

Name  
in  
FullDead Born *Pittsburgh*

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Stevensville* Town *Q. A.* County *MARYLAND*

Date of death 1909 *Sept* Month *13* Day *Age Dead Born* Years Months Days

Sex *Female* Color or Race *white* Birth-place *Stevensville, Md.*

Occupation *none* Where Residing if not at place of death \_\_\_\_\_

Married, Single  
or ~~Widowed~~Name of Wife or  
HusbandFather's Name *J. E. Pittingham*Father's Birthplace *Delaware*Mother's Maiden Name *Sallie E. Walls*

Mother's Birthplace " "

Name of person giving Information *J. E. Pittingham*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Haemiplegia*  
*asphyxia*How long *Prenatal*  
How long *Immediate*

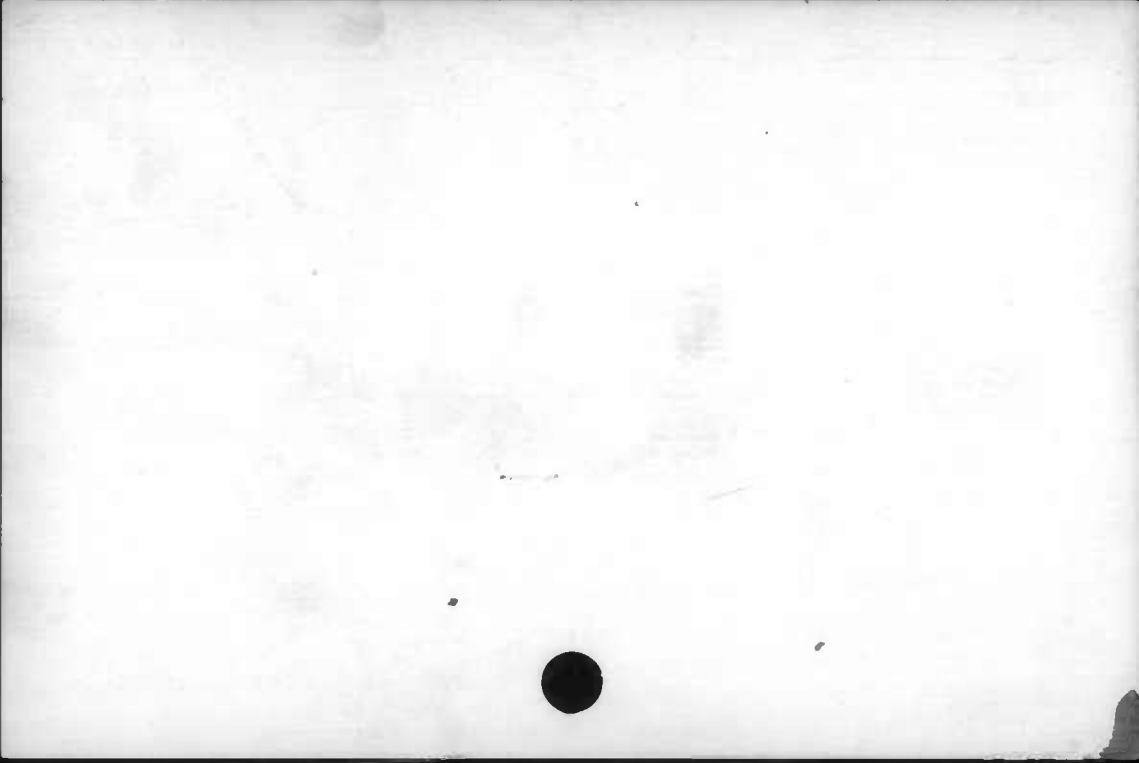
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Chas. Kemp*  
*Stevensville, Md.*PHYSICIAN  
OR CORONER

Accident or Suicide



Name in Full **Charlotte Bern Broadway** Town **near Salem** County **Queen Anne's** **MARYLAND** **CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

Died **near Salem** **Queen Anne's** **MARYLAND**  
 Date of death **1909** **Sept** **2** **Age** **66**  
 Sex **Female** Color or Race **Black** Birth place **N. C. Ind.**  
 Occupation **Housework** Where Residing if not at place of death **at place of death**  
 Married, Single or Widowed **Married** Name of Wife or Husband **Benjamin Broadway**  
 Father's Name **Emmanuel Anderson** Father's Birthplace **Ind.**  
 Mother's Maiden Name **Maria Moody** Mother's Birthplace **Ind.**  
 Name of person giving Information **Benjamin Broadway** How related to deceased **Husband**

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary **Dropsy - from Heart disease** How long **6 months**  
 Immediate **Effluvia** How long **2 weeks**  
 Are the name, age, sex, color, date and place correctly given above? **Yes**  
 Signature of Physician **W. G. Cippage** Address **Church Hill**  
 Accident or Suicide **Ind.**

Brown's Corner

Name  
in  
Full

Clarence W. Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Carmichael		Queen Anne		MARYLAND	
		Town		County			
Date of death		1909		Age		2	
		Month 9		Day 2 <sup>nd</sup>		Years 2	
Sex		male		Color or Race		white	
Occupation				Where Residing if not at place of death		Pittsburg, Pa.	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Clarence W. Chambers		Father's Birthplace		Centerville, <sup>2nd</sup>	
Mother's Maiden Name		Catherine Bryan		Mother's Birthplace		L.A. B. Ind.	
Name of person giving Information		Clarence W. Chambers		How related to deceased		father	

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	15 days -
Immediate	Bronchial Pneumonia	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		W. W. Chaires	
Address		Greentown, Md.	
Accident or Suicide			

Antreville

Name  
in  
Full

Louisa J. Denny

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

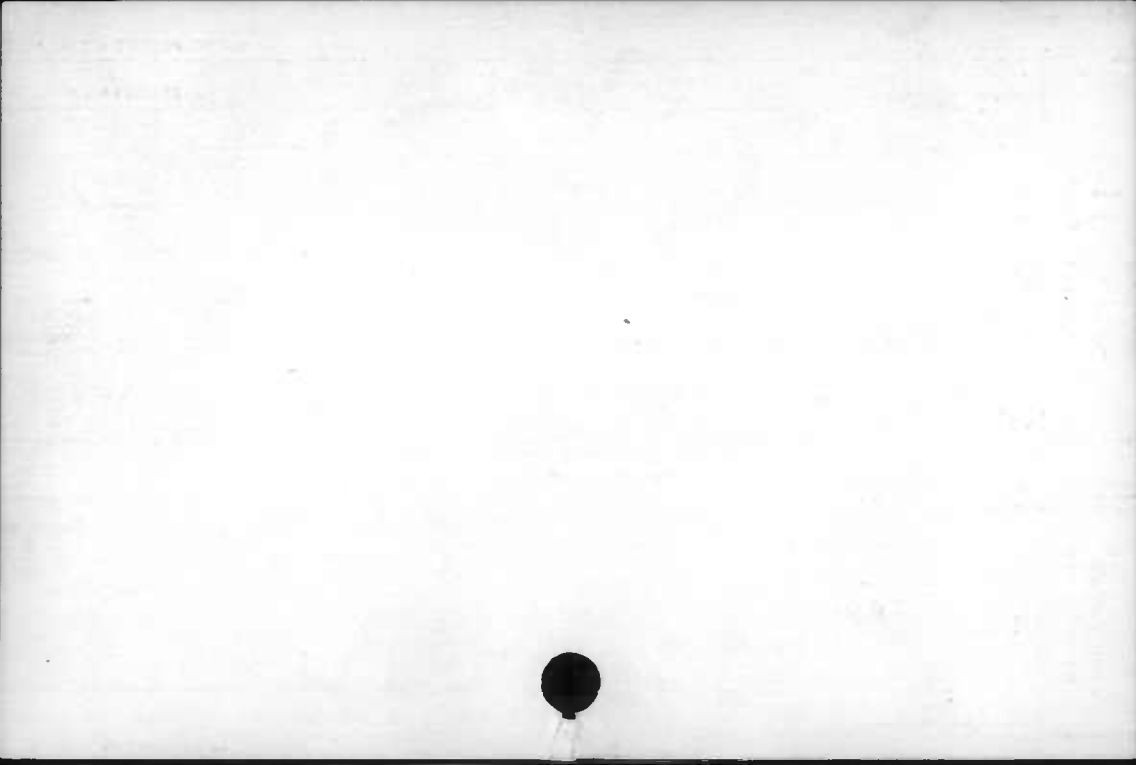
Died at <u>Stevensville</u> <sup>Town</sup>		<u>R. A.</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Sept	Day	3
Age		81		Months	
Sex	Female	Color or Race	White	Birth-place	Kent Isl. Md.
Occupation	Housekeeper	Where Residing if not at place of death		Kent Isl. Md.	
<del>Married</del> , Single		<del>Name of Wife or Husband</del>			
Father's Name	John Denny			Father's Birthplace	Ann Arundel Co.
Mother's Maiden Name	Mary Johnson			Mother's Birthplace	Kent Island Md.
Name of person giving Information	W. E. Denny			How related to deceased	nephew

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	Gastritis & Complications		How long	2 years
Immediate	Exhaustion & inanition		How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
Yes		C. Gray Kemp	Stevensville, Md.	
Accident or Suicide				





Name  
in  
Full

CERTIFICATE OF DEATH

Henry Dodd Jr.

TO BE ANSWERED BY  
NEAREST FRIEND

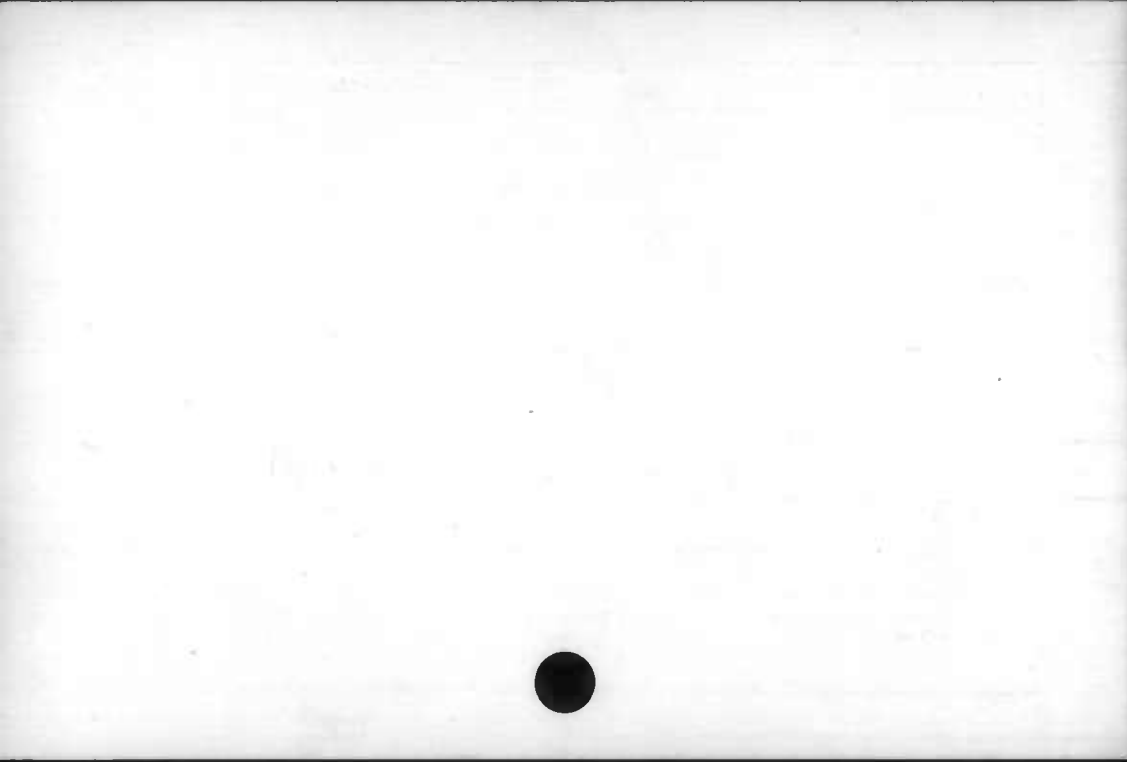
Died at <u>Cornwicheal</u> <sup>Town</sup>		<u>D. A.</u> <sup>County</sup>		MARYLAND	
Date of death	1909	9 <sup>th</sup> <sup>Month</sup>	7 <sup>Day</sup>	Age	2 <sup>Months</sup>
Sex	male		Color or Race	white	
Occupation			Birth-place	Cornwicheal	
			Where Residing if not at place of death	Home	
<del>Married, Single or Widowed</del>			Name of Wife or Husband		
Father's Name			Henry Dodd		
Father's Birthplace			Cornwicheal		
Mother's Maiden Name			Isabel Donahue		
Mother's Birthplace			D. A.		
Name of person giving Information			Henry Dodd		
How related to deceased			father		

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long	
Immediate	Congestion of Lungs	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. W. Chaires,	
Address		Inceestown,	
		Md.	
Accident or Suicida			



Name  
in  
Full

## CERTIFICATE OF DEATH

*Eustia Holyszko*  
 Died at *Sudburyville* Town *Juan Anne* County **MARYLAND**

Date of death *1909* Month *9* Day *24* Age *7* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *William Holyszko* Father's Birthplace *Germany*

Mother's Maiden Name *Anna Schatz* Mother's Birthplace *Maryland*

Name of person giving Information *Anna Holyszko* How related to deceased *Mother*

## CAUSES OF DEATH

Primary *Chorea Infantum* How long *24 hours*

Immediate *"* How long *"*

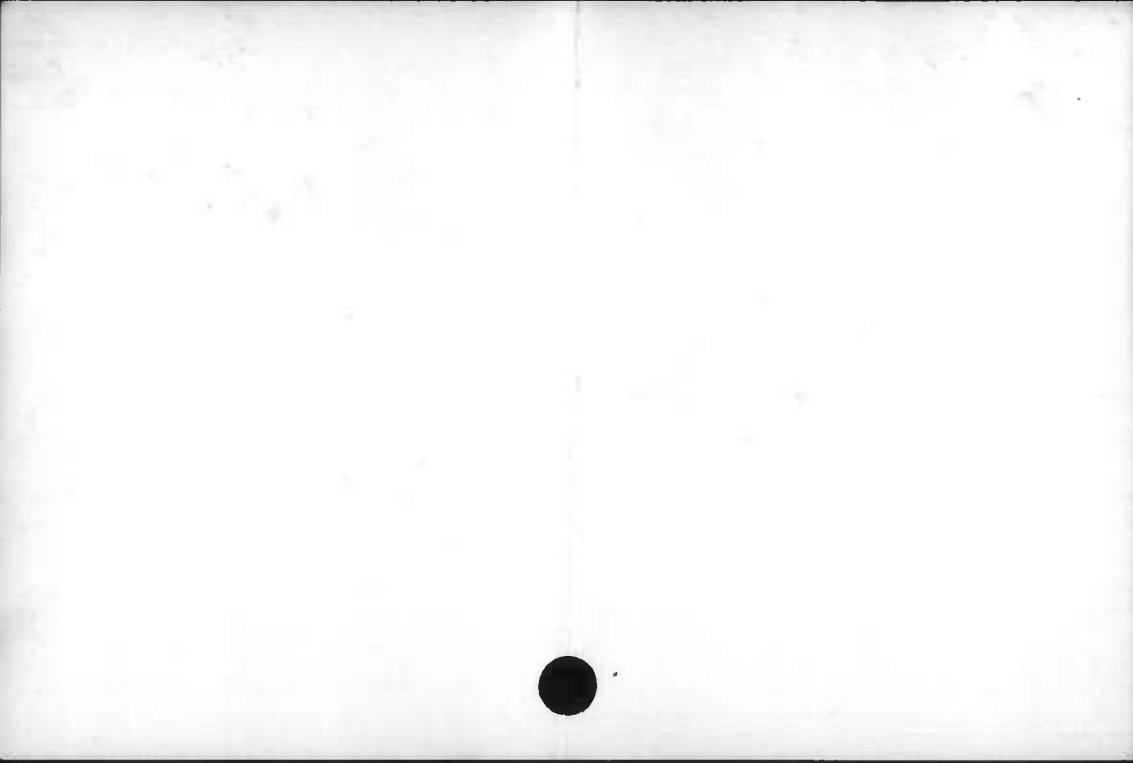
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Charles L. Smith*

Address *Sudburyville Ind*

Accident or Suicide *no*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

105



Name  
in  
Full

Adam Gazkasski

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

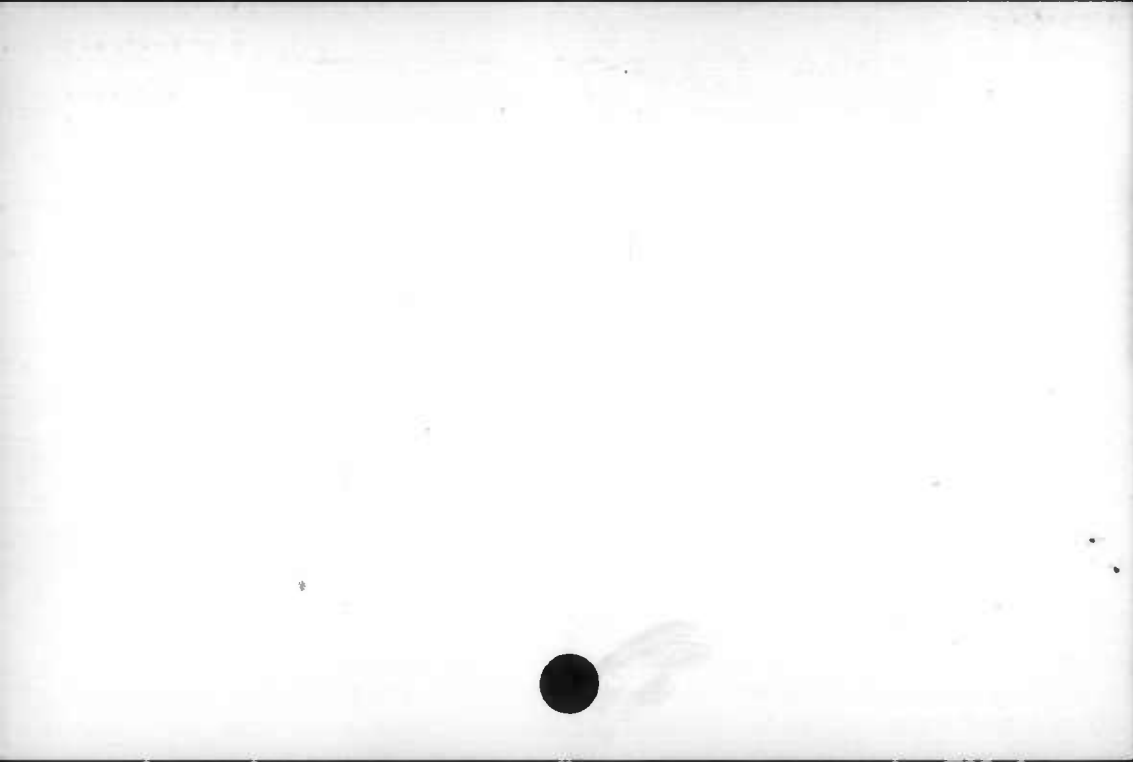
Died at		Town Centreville		County Queen Anne		MARYLAND	
Date of death		190	9	9	25	Age	8
Sex		male		Color or Race		Polish	
Occupation		School Boy		Birth-place		Balto. md.	
Where Residing if not at place of death		Balto. md.					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Joe Gazkasski				Father's Birthplace	
Mother's Maiden Name		Bertha Gayfak				Mother's Birthplace	
Name of person giving Information		Bertha Gazkasski				How related to deceased	
						mother	

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

Primary	Drowning	How long	a very few minutes
Immediate		How long	
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		Address	
John W. Tarmen		Sub. Registrar	
Accident or <del>suicide</del>		accident	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

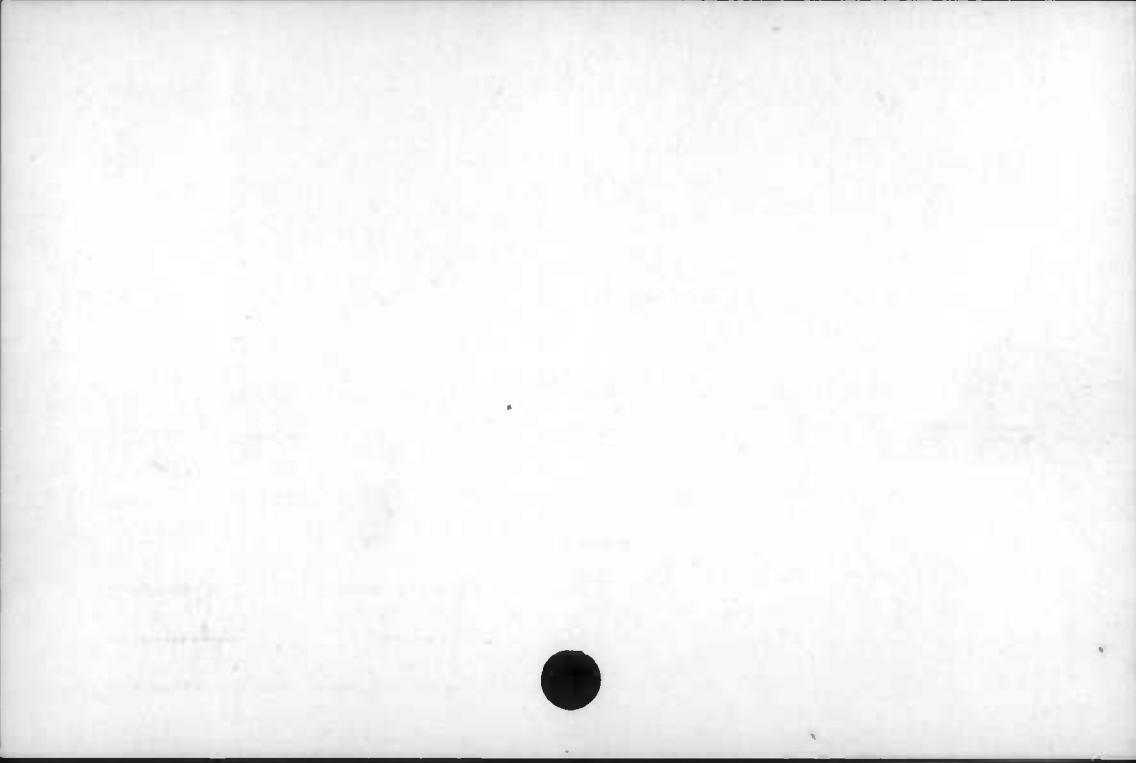
Died at <i>Centerville</i> Town		<i>Linn</i> County		MARYLAND	
Date of death <i>190</i> <i>September</i> Month		<i>30</i> Day	<i>87</i> Age	<i>2</i> Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Emery Ore</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Centerville</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Elyah B. Green</i>				
Father's Name <i>Peter Hoff</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Mary E. Hoff</i>	Mother's Birthplace <i>Ill</i>				
Name of person giving information <i>Alfred Green</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Myocardial Insufficiency</i>	How long <i>2 or 3 yrs</i>
Immediate <i>Heart dilatation</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. J. [Signature]</i>
	Address <i>Buckville</i>
Accident or Suicide? <i>No</i>	<i>Linn County Mo</i>





Name  
in  
Full

Annie E. Handy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

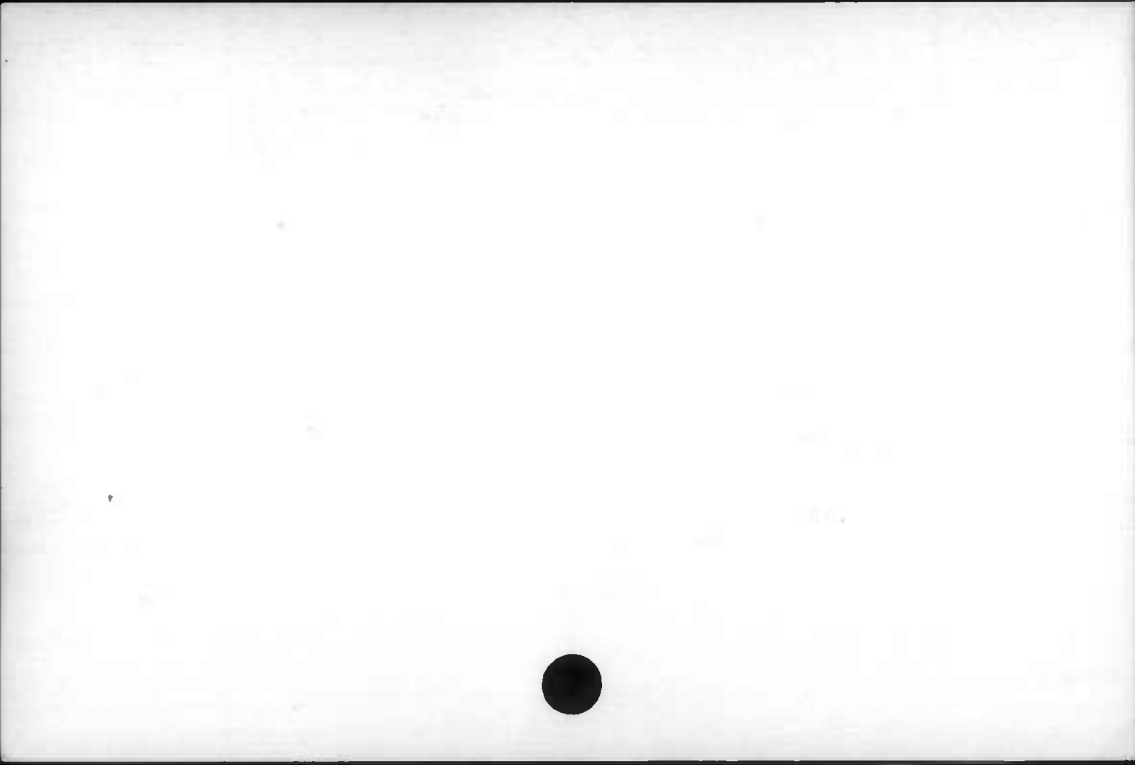
Died at <u>Hope</u> <sup>Town</sup>		<u>Queen Anne's</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>9</u> <sup>Month</sup> <u>Sept</u> <sup>Day</sup> <u>28</u> <sup>Years</sup> <u>45</u> <sup>Months</sup>		Age <u>45</u> <sup>Days</sup>		<u>One</u>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Caroline Co., Md.</u>	
Occupation <u>House wife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Stephen M. Handy</u>			
Father's Name <u>Levi Deen</u>		Father's Birthplace <u>Not known</u>			
Mother's Maiden Name <u>Annie Hubbard</u>		Mother's Birthplace <u>Not known</u>			
Name of person giving Information <u>Stephen M. Handy</u>		How related to deceased <u>Husband</u>			

## CAUSES OF DEATH

46

PHYSICIAN  
OR CORONER

Primary <u>Tumors in the left side of abdomen</u>	How long <u>Three years</u>
Immediate <u>Ascites + Dropsy of lower extremities</u>	How long <u>Three months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walter L. Finley</u>
<u>Assault or Suicide</u>	Address <u>Centerville, Md.</u>
	<u>P. R. No. 4.</u>



Name  
in  
Full

Guy Subers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Doublerock* County *Q Anne Co* MARYLAND

Died at *Doublerock*

Date of death 190*9* Month *Sep.* Day *3* Age *30* Months *26* Days *26*

Sex *Male* Color or Race *White* Birth-place *Q Anne Co*

Occupation *Farmer* Where Residing if not at place of death *Stone Hill*

Married, Single or Widowed *Single* Name of Wife or Husband *Lena G Bishop*

Father's Name *Burns Subers* Father's Birthplace *Del*

Mother's Maiden Name *Mary P Subers* Mother's Birthplace *Pa*

Name of person giving Information *Lena G Subers* How related to deceased *Wife*

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

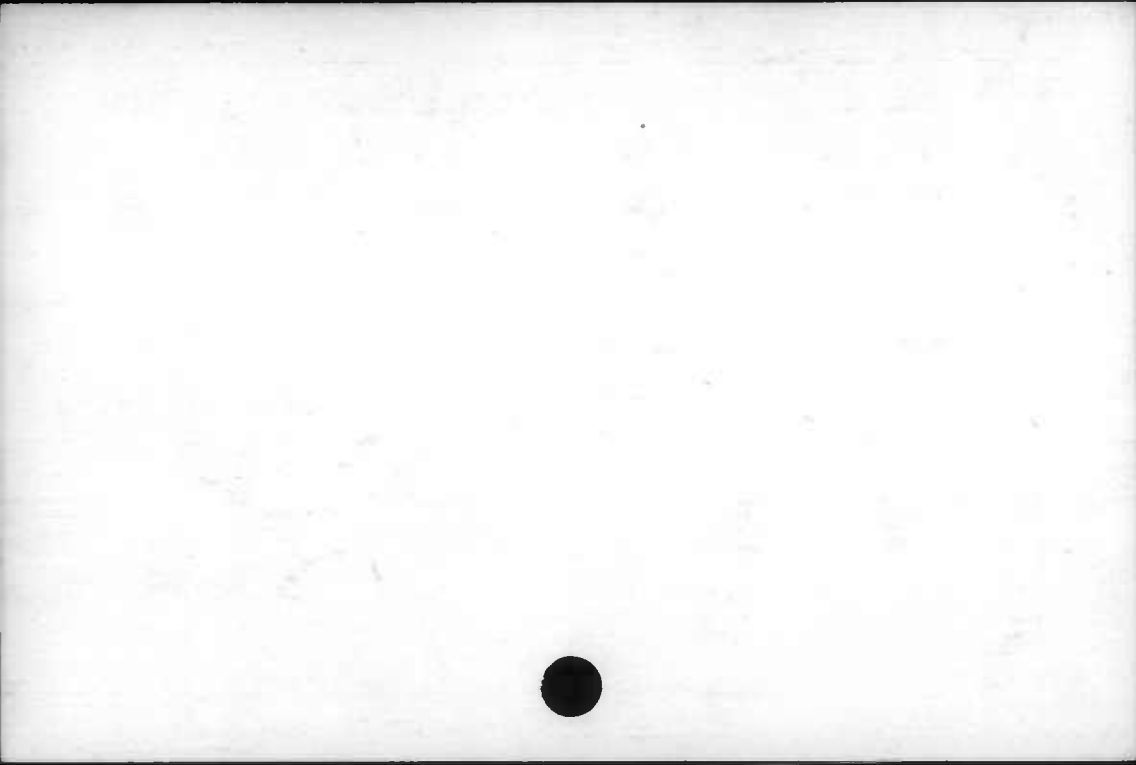
Primary *Pulmonary Tuberculosis* How long *5 yrs*

Immediate *Haemorrhage* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Arthur E. Landers*

Address *Brumpton*

Accident or Suicide *No*



Name  
in  
Full

Mrs Rachael A Pearson

## CERTIFICATE OF DEATH

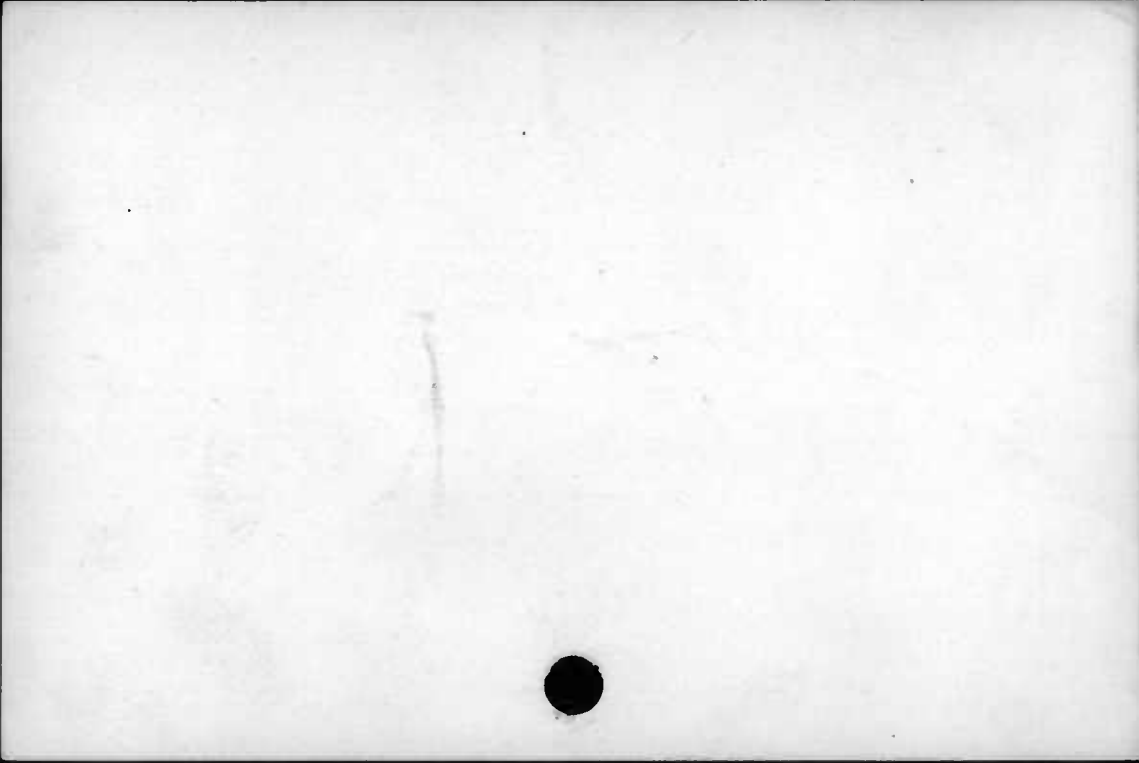
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Sudbroville</i>		Town <i>Sudbroville</i>		County <i>Terry Anne</i>		MARYLAND	
Date of death	<i>1909</i>	Month	<i>9</i>	Day	<i>15</i>	Age	<i>68</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Belmar</i>			
Occupation <i>house keeper</i>		Where Residing if not at place of death					
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>James Pearson</i>					
Father's Name <i>Wm Kelly</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Rulley</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Charles Shinkle</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Carcinoma</i>	How long	<i>several years</i>
Immediate	<i>" debility - Paralysis</i>	How long	<i>" months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Foster Sush</i>	
Address <i>Sudbroville</i>			
Accident or Suicide? <i>no</i>		<i>Ind</i>	



Name  
in  
Full

William H. Porter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

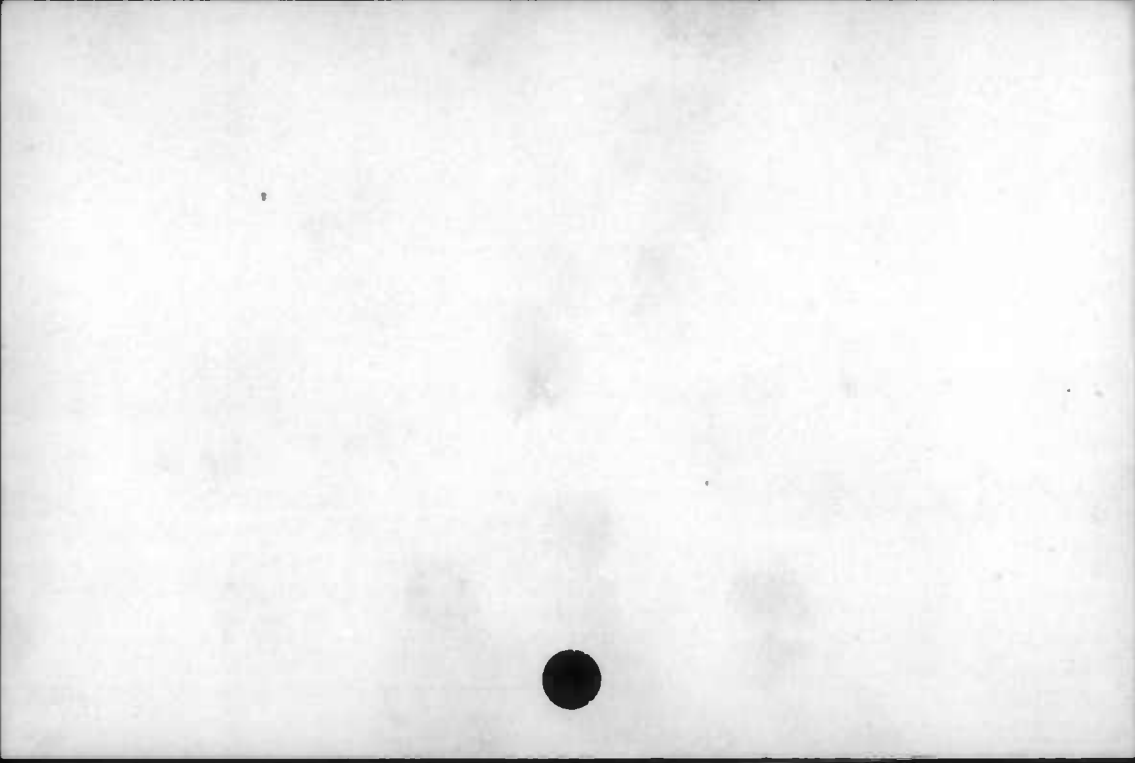
Died at <u>Centreville</u> <small>Town</small>		<u>Queen Annes</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small> <u>Sept.</u> <small>Day</small> <u>28</u>		Age <u>      </u> <small>Years</small>		<u>2</u> <small>Months</small>	<u>14</u> <small>Days</small>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Centreville Md.</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>      </u>			
<del>Married</del> <u>Single</u> <del>or Widowed</del>		Name of Wife or Husband <u>      </u>			
Father's Name <u>William Porter</u>		Father's Birthplace <u>Philadelphia</u>			
Mother's Maiden Name <u>Daisy L. Abrams.</u>		Mother's Birthplace <u>Kent. Co. Md.</u>			
Name of person giving information <u>William Porter</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <u>Inanition</u>	How long <u>2 months</u>
Immediate <u>Exhaustion</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. F. Smith</u>
	Address <u>Centreville</u>
	<u>Md.</u>
Accident or Suicide? <u>9</u>	





Name  
in  
Full

Florence Rebecca Stewart

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Near Church Hill <sup>County</sup> Queen Anne Co

MARYLAND

Date of death 1909 <sup>Month</sup> Sept <sup>Day</sup> 3 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> 7 <sup>Days</sup> 16

Sex Female Color or Race White Birth-place Near Ch. Hill.

Occupation Infant Where Residing if not at place of death At grandfather's.

Married, Single or Widowed Infant Name of Wife or Husband Infant.

Father's Name Howard Stewart Father's Birthplace Queen Anne Co.

Mother's Maiden Name Elizabeth Gardner Mother's Birthplace Near Centerville

Name of person giving Information Mrs. Henry Stewart How related to deceased Grandmother

CAUSES OF DEATH

29

✓

Primary Tabes mesenterica How long all life

Immediate Malnutrition How long all life.

Are the name, age, sex, color, date and place correctly given above? yes

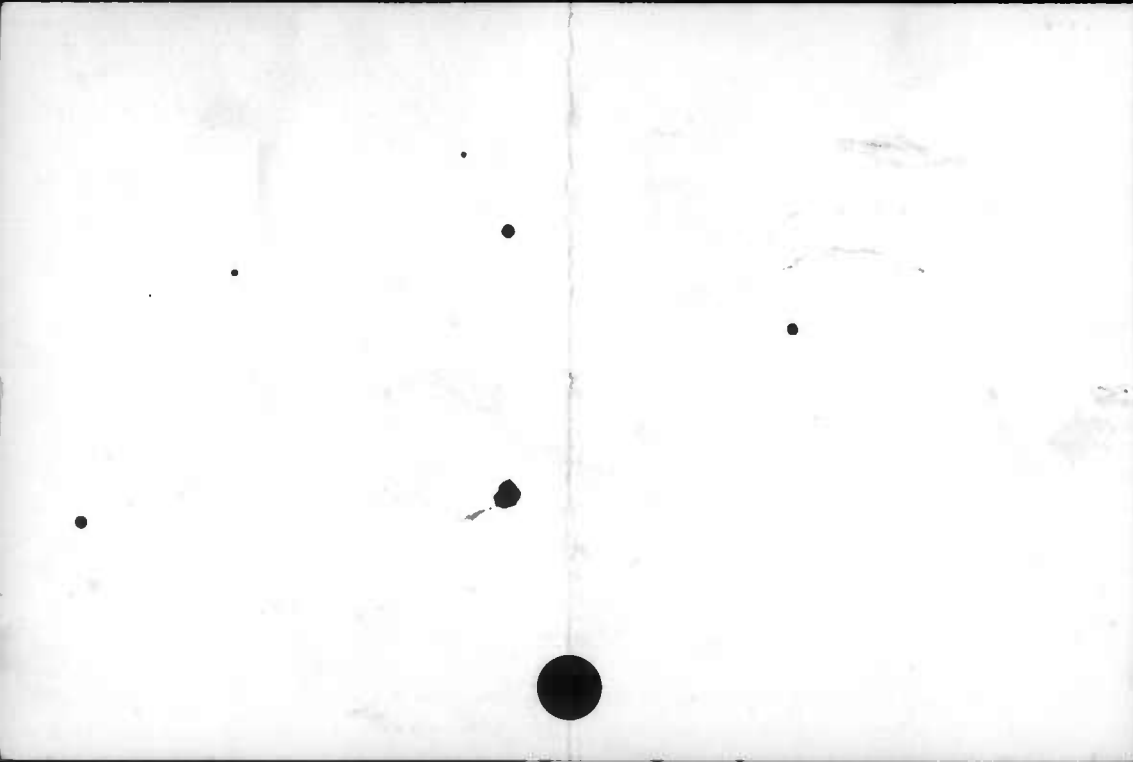
Signature of Physician H. Bragg Simman

Address Chestertown Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Sarah Elizabeth Tashill

CERTIFICATE OF DEATH

Died at <sup>Town</sup> Centreville <sup>County</sup> and Queen Anne MARYLAND

Date of death 190 <sup>Month</sup> 9 <sup>Day</sup> 9 <sup>Age</sup> 48 <sup>Years</sup> <sup>Months</sup> 1 <sup>Days</sup> 15

Sex Female Color or Race White American Birth-place Delaware

Occupation House Wife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mrs. S. Tashill

Father's Name Asa Wams Father's Birthplace Delaware

Mother's Maiden Name Nancy J. Rickards Mother's Birthplace Delaware

Name of person giving Information Mrs. S. Tashill How related to deceased Husband

CAUSES OF DEATH

Primary Sarcoma of Rt. Lung How long 4 months

Immediate Heart Failure How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. F. Smith

Address Centreville Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hillsboro

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

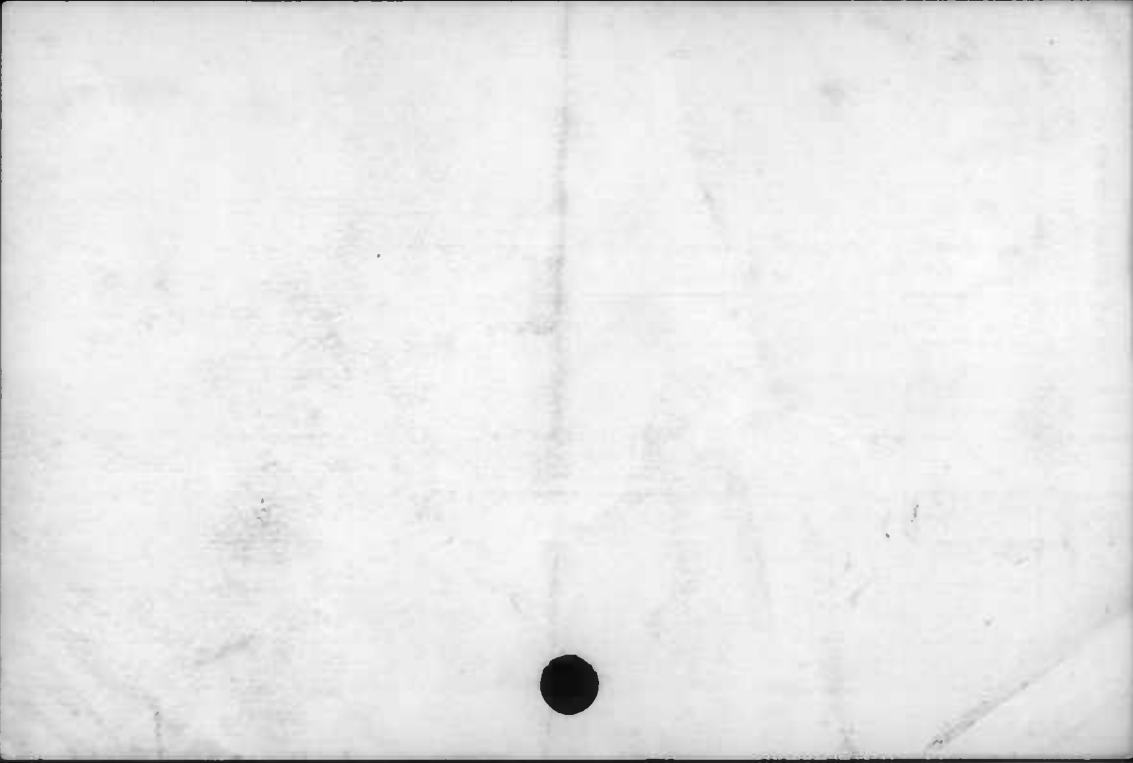
Died at <i>Sudlersville</i> <sup>Town</sup>		<i>Severn Anne</i> <sup>County</sup>		MARYLAND	
Date of death <i>1909</i>	Month <i>9</i>	Day <i>2</i>	Age	Years	Months <i>5</i> Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Aaron C Wade</i>			Father's Birthplace <i>Pennsylvania</i>		
Mother's Maiden Name <i>Anna S Pardee</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Aaron C Wade</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>4 months</i>
Immediate	<i>Marasmus</i>	How long	<i>" " "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Foster Sudbr</i>	
Address		<i>Sudlersville</i>	
Accident or Suicide?		<i>Ind.</i>	



Name  
in  
Full

Ardelia Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Gouldtown <sup>Town</sup> Queen Anne <sup>County</sup> MARYLAND  
Date of death 190 9 <sup>Month</sup> 9 <sup>Day</sup> 5 Age 3 <sup>Years</sup> 3 <sup>Months</sup> 15 <sup>Days</sup>  
Sex Female Color or Race Negro Birth-place Gouldtown  
Occupation \_\_\_\_\_ Where Residing if not et place of death \_\_\_\_\_

~~Married, Single or Widowed~~

~~Name of Wife or Husband~~

Father's Name

Father's Birthplace

Mother's Maiden Name

Mary Watkins

Mother's Birthplace

2 my daughter  
Haverly, Md

Name of person giving Information

Isiah Watkins

How related to deceased

Grandfather

CAUSES OF DEATH

Primary

Whooping Cough

How long

two week

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John W. Gannon  
Sub Registrar

Accident or Suicide

Gool Tawn



Name  
in  
Full

Marcella M. Wought

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <u>Cumsville</u> <sup>County</sup> <u>Queen Anne</u> <sup>State</sup> <u>Md</u>	
Date of death <u>Sept 7</u> <sup>Month</sup> <u>Sept.</u> <sup>Day</sup> <u>4</u> <sup>Years</sup> <u>68</u> <sup>Months</sup> <u>6</u> <sup>Days</sup> <u>—</u>	
Sex <u>Female</u> Color or Race <u>White</u> Birth-place <u>Queen Anne Co</u>	
Occupation <u>Lady</u> Where Residing if not at place of death <u>—</u>	
Married, Single or Widowed <u>Widow</u> Name of Wife or Husband <u>C. Dorsey Wought</u>	
Father's Name <u>Clayton Wought</u> Father's Birthplace <u>L.A. Md</u>	
Mother's Maiden Name <u>Married Mumme</u> Mother's Birthplace <u>Md</u>	
Name of person giving information <u>Clayton Wought</u> How related to deceased <u>Son</u>	

## CAUSES OF DEATH

112

PHYSICIAN  
OR CORONER

Primary <u>Interstitial Hepatitis</u>	How long <u>nine months</u>
Immediate <u>Heart failure</u>	How long <u>last-two days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John S. Wightman MD</u>
	Address <u>Phila Pa</u>
Accident or Suicide? <u>—</u>	

